

110TH CONGRESS  
1ST SESSION

# H. R. 3372

To establish a public education and awareness program relating to emergency contraception.

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## IN THE HOUSE OF REPRESENTATIVES

AUGUST 3, 2007

Ms. SLAUGHTER (for herself, Ms. DEGETTE, Mr. MICHAUD, Mr. RYAN of Ohio, Mr. WAXMAN, Mr. GEORGE MILLER of California, Mr. ACKERMAN, Mr. ALLEN, Ms. BALDWIN, Mr. BERMAN, Mrs. CAPPS, Ms. CARSON, Mr. CROWLEY, Mrs. DAVIS of California, Mr. ABERCROMBIE, Mr. FARR, Mr. FRANK of Massachusetts, Mr. GRIJALVA, Ms. HARMAN, Mr. HASTINGS of Florida, Mr. HINCHEY, Mr. KENNEDY, Mr. LANTOS, Mr. LARSEN of Washington, Mr. LEWIS of Georgia, Mrs. LOWEY, Mrs. MALONEY of New York, Mrs. MCCARTHY of New York, Ms. MCCOLLUM of Minnesota, Mr. McDERMOTT, Mr. MCGOVERN, Mr. MORAN of Virginia, Mr. NADLER, Mrs. NAPOLITANO, Mr. OLVER, Mr. PAYNE, Mr. RANGEL, Mr. ROTHMAN, Ms. LORETTA SANCHEZ of California, Mr. SHERMAN, Mr. TIERNEY, Ms. WASSERMAN SCHULTZ, Ms. WATSON, Mr. WYNN, Mr. KUCINICH, Ms. SUTTON, Ms. LEE, Mr. SHAYS, Mr. HONDA, Ms. BERKLEY, Mr. DEFazio, Mr. AL GREEN of Texas, Mr. VAN HOLLEN, Mr. LOEBSACK, Ms. SCHAKOWSKY, Ms. LINDA T. SÁNCHEZ of California, Ms. WOOLSEY, Mr. WELCH of Vermont, Ms. DELAURO, Mr. HOLT, and Mr. ISRAEL) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To establish a public education and awareness program relating to emergency contraception.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2       This Act may be cited as the “Emergency Contracep-  
3 tion Education Act of 2007”.

4 **SEC. 2. FINDINGS.**

5       Congress finds as follows:

6           (1) Each year 3,000,000 pregnancies, or one  
7 half of all pregnancies, in the United States are un-  
8 intended, and 4 in 10 of these unintended preg-  
9 nancies end in abortion.

10          (2) The Food and Drug Administration has de-  
11 clared emergency contraception to be safe and effec-  
12 tive in preventing unintended pregnancy for women  
13 of reproductive potential and has approved over-the-  
14 counter access to the emergency contraceptive Plan  
15 B for adults.

16          (3) The most commonly used forms of emer-  
17 gency contraception are regimens of ordinary birth  
18 control pills. Taken within 72 hours of unprotected  
19 intercourse or contraceptive failure, emergency con-  
20 traception can reduce the risk of pregnancy by as  
21 much as 89 percent. Recent medical evidence con-  
22 firms that emergency contraception can be effective  
23 up to five days after unprotected intercourse or con-  
24 traception failure.

25          (4) Emergency contraception, also known as  
26 post-coital contraception, is a responsible means of

1 preventing pregnancy that works like other hormonal  
2 contraception by delaying ovulation preventing fer-  
3 tilization and may prevent implantation.

4 (5) Emergency contraception does not cause  
5 abortion and will not affect an established preg-  
6 nancy.

7 (6) Increased usage of emergency contraception  
8 could reduce the number of unintended pregnancies,  
9 thereby reducing the need for abortion.

10 (8) Emergency contraceptive use in the United  
11 States remains low, and one in three women of re-  
12 productive age remain unaware of the method.

13 (9) Although the American College of Obstetri-  
14 cians and Gynecologists recommends that doctors  
15 routinely discuss emergency contraception with  
16 women of reproductive age during their annual visit,  
17 only one in four ob/gyns routinely discuss emergency  
18 contraception with their patients, suggesting the  
19 need for greater provider and patient education.

20 (10) It is estimated that 25,000 to 32,000  
21 women become pregnant each year as a result of  
22 rape or incest, half of whom choose to terminate  
23 their pregnancy. If used correctly, emergency contra-  
24 ception could help many of these rape survivors

1       avoid the additional trauma of facing an unintended  
2       pregnancy.

3           (11) A recent study conducted by Ibis Repro-  
4       ductive Health found that less than 18 percent of  
5       hospitals provide emergency contraception at a wom-  
6       an's request without restrictions. At nearly 50 per-  
7       cent of hospitals, emergency contraception is un-  
8       available even in cases of sexual assault.

9           (12) In light of their safety and efficacy, both  
10      the American Medical Association and the American  
11      College of Obstetricians and Gynecologists have en-  
12      dorsed more widespread availability of emergency  
13      contraceptive.

14          (13) Healthy People 2010, published by the Of-  
15      fice of the Surgeon General, establishes a 10-year  
16      national public health goal of increasing the propor-  
17      tion of health care providers who provide emergency  
18      contraception to their patients.

19          (14) Public awareness campaigns targeting  
20      women and health care providers will help remove  
21      many of the barriers to emergency contraception and  
22      will help bring this important means of pregnancy  
23      prevention to women in the United States.

1 **SEC. 3. EMERGENCY CONTRACEPTION EDUCATION AND IN-**  
2 **FORMATION PROGRAMS.**

3 (a) EMERGENCY CONTRACEPTION PUBLIC EDU-  
4 CATION PROGRAM.—

5 (1) IN GENERAL.—The Secretary, acting  
6 through the Director of the Centers for Disease  
7 Control and Prevention, shall develop and dissemi-  
8 nate to the public information on emergency contra-  
9 ception.

10 (2) DISSEMINATION.—The Secretary may dis-  
11 seminate information under paragraph (1) directly  
12 or through arrangements with nonprofit organiza-  
13 tions, consumer groups, institutions of higher edu-  
14 cation, clinics, the media, and Federal, State, and  
15 local agencies.

16 (3) INFORMATION.—The information dissemi-  
17 nated under paragraph (1) shall include, at a min-  
18 imum, a description of emergency contraception and  
19 an explanation of the use, safety, efficacy, and avail-  
20 ability of such contraception.

21 (b) EMERGENCY CONTRACEPTION INFORMATION  
22 PROGRAM FOR HEALTH CARE PROVIDERS.—

23 (1) IN GENERAL.—The Secretary, acting  
24 through the Administrator of the Health Resources  
25 and Services Administration and in consultation  
26 with major medical and public health organizations,

1 shall develop and disseminate to health care pro-  
2 viders information on emergency contraception.

3 (2) INFORMATION.—The information dissemi-  
4 nated under paragraph (1) shall include, at a min-  
5 imum—

6 (A) information describing the use, safety,  
7 efficacy, and availability of emergency contra-  
8 ception;

9 (B) a recommendation regarding the use of  
10 such contraception in appropriate cases; and

11 (C) information explaining how to obtain  
12 copies of the information developed under sub-  
13 section (a) for distribution to the patients of  
14 the providers.

15 (c) DEFINITIONS.—For purposes of this section:

16 (1) EMERGENCY CONTRACEPTION.—The term  
17 “emergency contraception” means a drug or device  
18 (as the terms are defined in section 201 of the Fed-  
19 eral Food, Drug, and Cosmetic Act (21 U.S.C. 321))  
20 or a drug regimen that—

21 (A) is used postcoitally;

22 (B) prevents pregnancy by preventing ovu-  
23 lation or fertilization of an egg or may prevent  
24 the implantation of an egg in a uterus; and

1 (C) is approved by the Food and Drug Ad-  
2 ministration.

3 (2) HEALTH CARE PROVIDER.—The term  
4 “health care provider” means an individual who is li-  
5 censed or certified under State law to provide health  
6 care services and who is operating within the scope  
7 of such license. Such term shall include a phar-  
8 macist.

9 (3) INSTITUTION OF HIGHER EDUCATION.—The  
10 term “institution of higher education” has the same  
11 meaning given such term in section 1201(a) of the  
12 Higher Education Act of 1965 (20 U.S.C. 1141(a)).

13 (4) SECRETARY.—The term “Secretary” means  
14 the Secretary of Health and Human Services.

15 (d) AUTHORIZATION OF APPROPRIATIONS.—There  
16 are authorized to be appropriated to carry out this section  
17 such sums as may be necessary for each of the fiscal years  
18 2008 through 2012.

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